



Families of Autistic Children in Tidewater

Teacher/Provider Assessment Form – 2018 Camp Gonnawannagoagin'

Your responses will be used to appropriately staff and meet the needs of your student. These responses will not be shared with parents without your permission.

If you should have any questions please contact Edna Vega at edna4fact@gmail.com or 757-422-2040.

Student & Teacher Information

Student Name: _____

Name of Person Completing this form: _____

Relationship to the Student: _____

Please provide contact Information in the case we should have any questions.

Phone Number: _____

Email Address: _____

If requested, do we have permission to share your responses with the student's family?

- Yes
No

Communication

How does the student communicate his or her needs? *Check all that apply*

- Verbally
Gesture/Sign
Communication System/Writing
Does Not

How does the student ask for help? *Check all that apply*

- Verbally
Gesture/Sign
Communication System/Writing
Does Not

Does the student follow simple directions?

- Yes
No

Student Name: _____

Behavioral

How can we assist the child if they become upset? _____

What type of schedule system is used in the classroom? _____

What type of reward system is used with this student? _____

How can we best help the student transition from one activity to another? _____
